

# MANUAL FOR COMMUNITY MENTAL HEALTH WORKERS



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# **MANUAL FOR COMMUNITY MENTAL HEALTH WORKERS**



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# **MANUAL FOR MENTAL HEALTH WORKERS**

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# AN INTRODUCTION

The Schizophrenia Research Foundation (SCARF), India, is a voluntary non-profit organisation set up with the main objectives of research, rehabilitation and public education. Over the last 20 years, SCARF has established itself as a credible and reputed centre with national and international recognition for its various activities.

Although SCARF works primarily from Madras city, it has been involved in various community mental health programs in villages and slums. One major program of this nature is being supported by the International Development Research Centre (IDRC) in Canada, which promotes research in several developing countries. Phase I of this program was begun in 1991 at Thiruporur in Chengulpet district about 60 kms from the city of Madras. It addressed the issue of the explanatory models for mental illness that existed in Indian villages. Health seeking patterns were also studied. Simultaneously, an outpatient centre was established to treat the mentally ill in that area. The Community workers on the project were extensively trained in the detection, management and rehabilitation of the mentally ill.

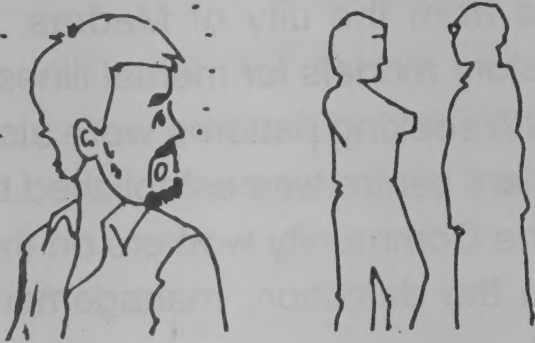
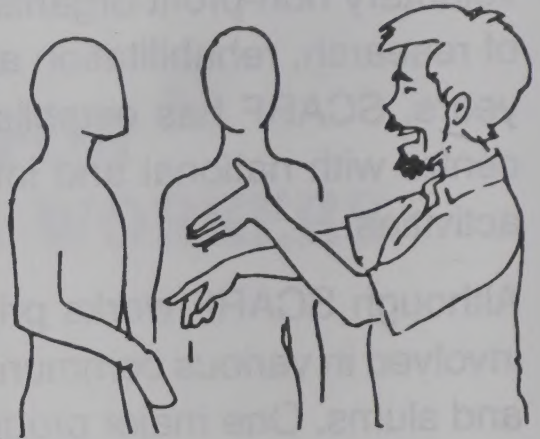
The results of the research were used to bring out a manual which is primarily targeted at the Community Health Workers. This manual was developed in the Tamil language and the final form is the product of modifications based on feed back from several experts in the field of community health. It provides an overview of the signs and symptoms of mental illness, causes of mental illness, simple rehabilitation strategies that can be employed at the community level. A section is also devoted to the attitudes and methods of management that families of the mentally ill would do well to adopt.

We wish to thank Dr. Sarada Menon, Dr. Vijay Nagaswamy, all field workers of the project, village elders and everybody who helped us with the study.



# SYMPTOMS OF MENTAL ILLNESS

Mental Illness can be recognised by several symptoms and behaviors. These indicate that there is something abnormal about the person. Some important ones are :  
Hearing voices and seeing figures when all alone. Might carry on a conversation with an imaginary speaker giving the onlooker an impression that he is talking to himself.



Intense suspicion that others are talking about him, plotting to harm him and constantly making a reference to him.

Feeling that he has special powers and skills, that he is a very rich and famous person and that he can achieve what ever he wills.



Continuous and irrelevant speech which others around him are unable to understand.

Wandering in the streets, picking up rubbish and garbage and sometimes storing them too.



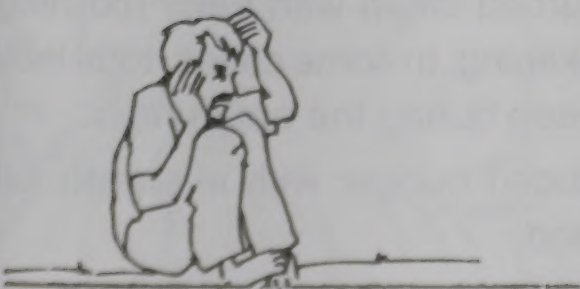
Neglect of personal cleanliness. Refusal to take a bath and eat on time. Daily routines are not carried out.



Reactions to events are not appropriate. May not feel or show affection, concern and care. May laugh to oneself.



Lack of enthusiasm and self-confidence. May remain in the same position for a very long time.

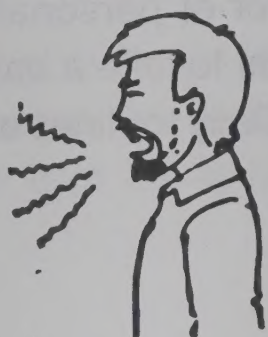




Violent and assaultive behaviour.  
May throw stones at others and  
disrupt traffic. Behaviour may be  
unpredictable.

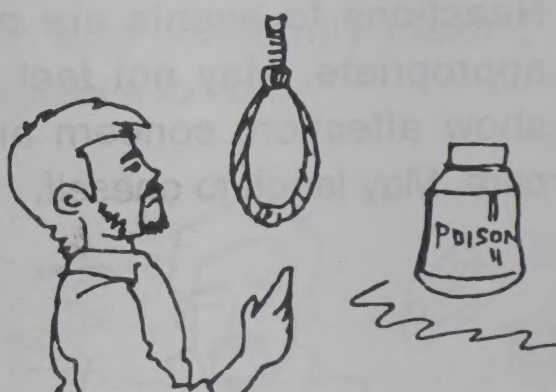


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Lack of clear thinking and confused  
thoughts results in a form of speech  
which is hardly understood by  
others.

Loss of purpose and aim in life.  
Lack of interest in everything,  
drives them sometimes to commit  
suicide.

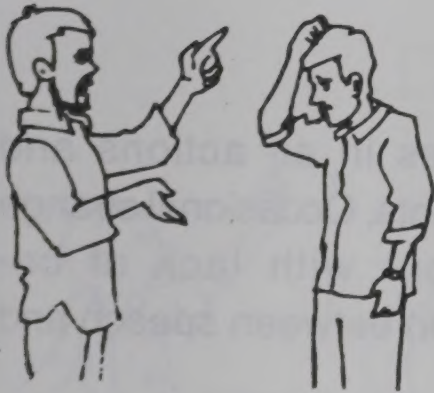


Disturbed sleep with early morning  
awakening. In some cases, total lack  
of sleep during the entire night.

Reduced hunger with even refusal  
of food.

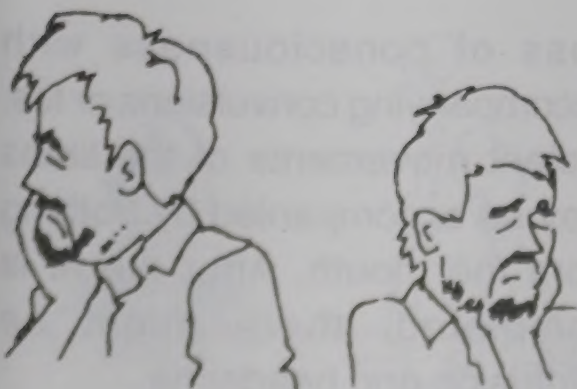
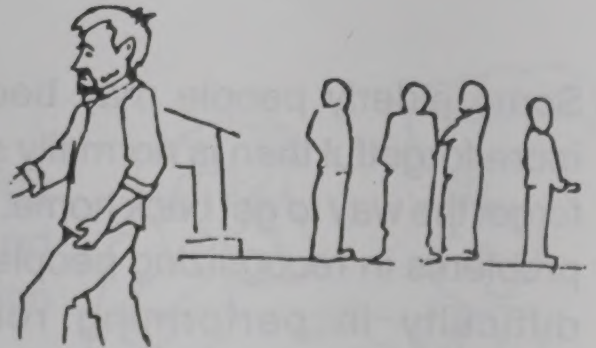


Physical problems like aches and pains, feeling of weakness, reduced concentration and forgetfulness may be seen. Patients with paralysis may sometimes have emotional and behavioral disturbances.



Agitation and disturbed behaviour. While talking about a particular subject, there may be a switch over to an entirely different and totally unrelated topic. This may be accompanied by an elated mood in which the person feels excessively happy.

Preference to remain alone, avoidance of company. Very little interaction with family and friends, tendency to brood. At times, feeling of guilt with desire to be punished may be seen in some.



Lack of awareness of time, person and place.

Difficulty in identifying relatives and friends.

Expression of constant worry and unhappiness. Lack of enthusiasm and self confidence.

Imaginations may be frightening and threatening resulting in agitation and restlessness.



Slowness in all actions and movements. Occasional strange behaviour with lack of co-ordination between speech and action.

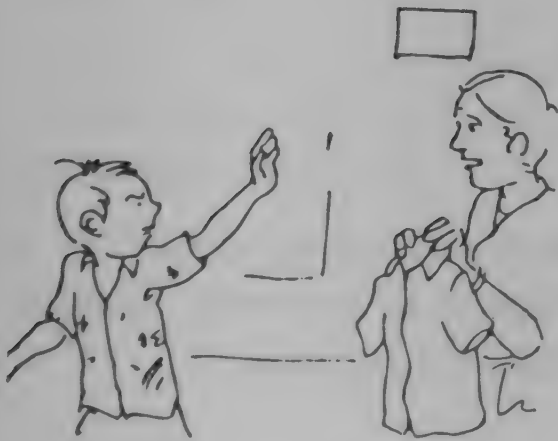
Some elderly people may become more forgetful than is normally seen, forget the way to get back home, have problems in recognizing people with difficulty in performing routine activities.



Loss of consciousness with accompanying convulsions or fits. Violent movements of the limbs may be accompanied by frothing from the mouth. After the fit is completed, there might be confusion and headache.



Young children may have fits after high fever. Repeated fits interfere with intellectual development and there may be co-existing mental retardation.



### **Mental Subnormality**

These children are very slow to develop and have “delayed milestones”. Activities such as sitting up, walking, and talking would all be delayed. Difficulty in understanding and problem behaviours may also be seen.

Confusion, difficulty in expressing their feeling, their thoughts and ideas and in general communication may be seen in some children.



Slow learning and difficulty in performing even simple tasks.

Difficulty in appreciating and enjoying food, and other pleasurable activities.



Violent outbursts resulting in destruction of property, injury to themselves or to others.

Difficulty in concentration and making decisions. Clumsy and unclean habits.



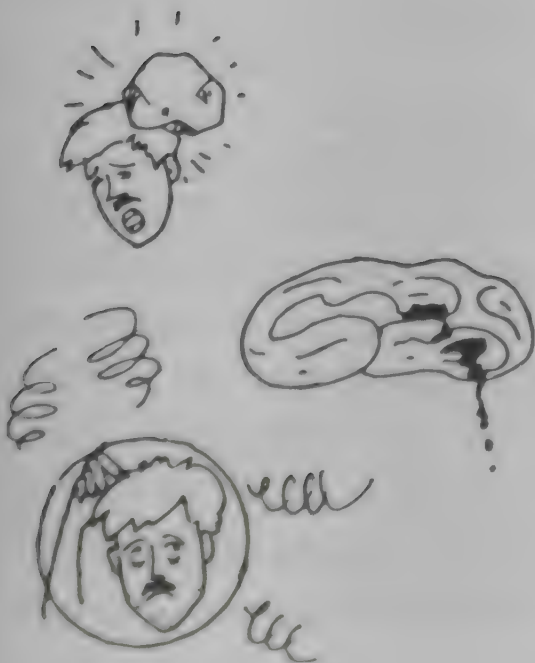
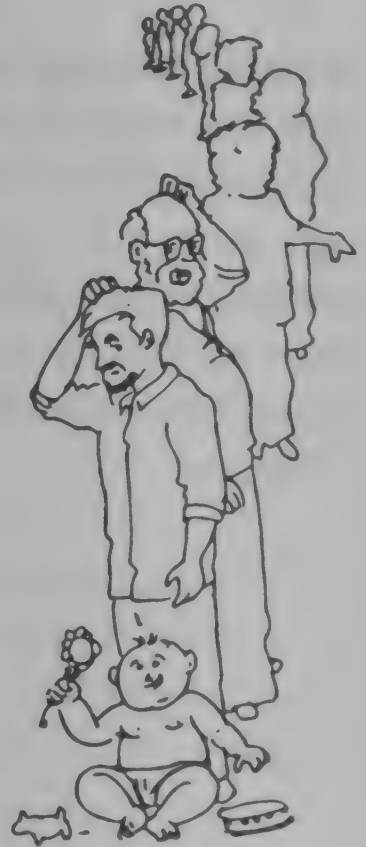


# CAUSES OF MENTAL ILLNESS

There is no single cause for mental illness. It could be a combination of the following :

## Hereditary factor

Children of those with mental illness are more likely to develop it than others. (This need not be so in each and every case.) It is also likely that individuals could inherit a vulnerability to develop the illness.

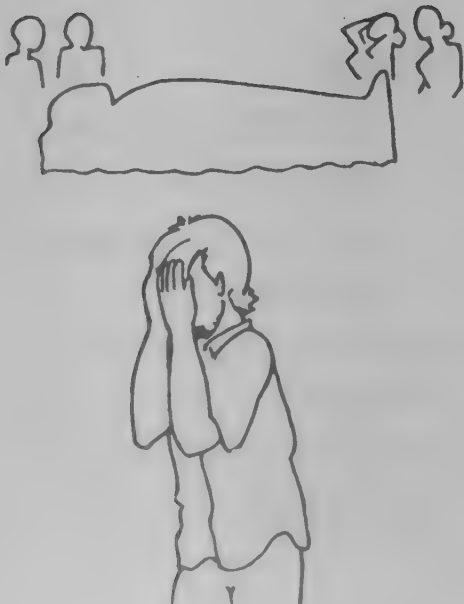
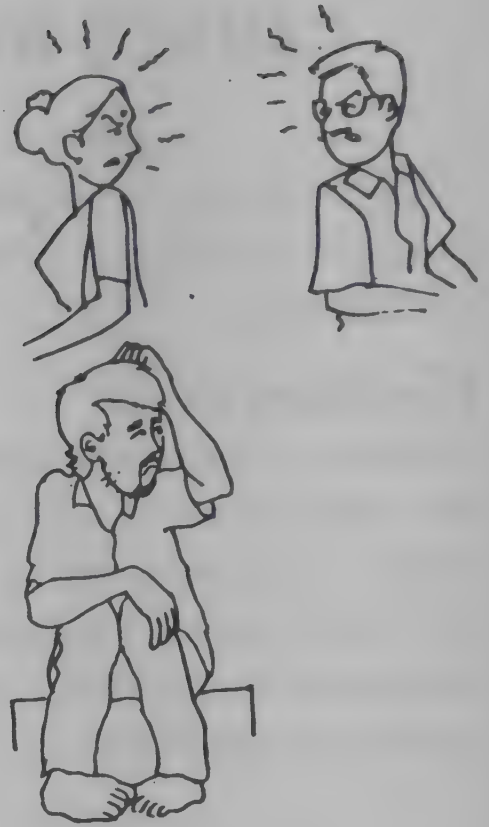


## Brain damage

Injuries to the brain following accidents, complications during childbirth, continuous epilepsy may all contribute to the development of mental illness. In some illnesses such as schizophrenia and depression, biochemical changes have been described.

## Family Background

It is essential to provide a congenial atmosphere for the children growing up at home. Frequent quarrels between the parents, physical abuse can all disturb a child greatly and make him more susceptible to mental illnesses.



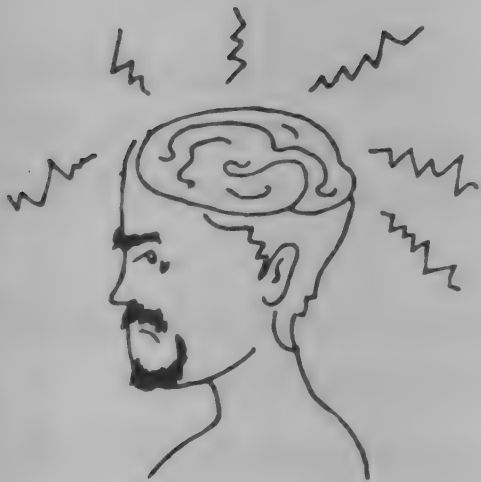
## Emotional stress

Loss of a loved one resulting in extreme unhappiness, a tendency to worry too much, domestic and family stresses such as financial problems, unemployment, heavy losses, a feeling of being isolated and neglected may all predispose to mental illness.



## **Alcoholism and drug abuse**

Use of alcohol and substances such as ganja, hashish etc. in excess and repeatedly can lead to mental illness.

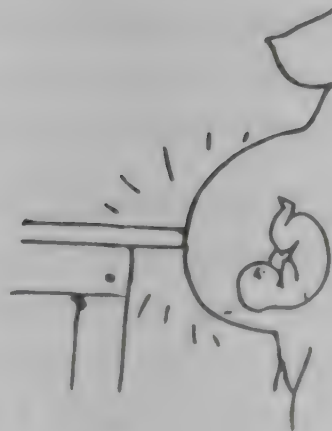


## **Epilepsy**

Disturbances in electric waves in the brain results in epilepsy. Prolonged epilepsy can lead to or co-exist with behavioural problems.

## **Mental Retardation**

This means that the growth of the brain is affected either at birth or after it. As a result, there is a delay in the child's activities such as crawling, walking, talking etc. This condition could run in families. Viral fevers and infections in the mother during pregnancy and injection of certain medicines, lack of adequate nutrition could all lead to improper brain development in the child.



# TREATMENT OF MENTAL ILLNESS

A widely prevalent idea is that there is no treatment or cure for mental illness. This is wrong. It is possible to treat mental illness and attain degrees of improvement if the patient is taken early to a psychiatrist.

The treatment advised must be strictly followed. Medicines should not be reduced or stopped without consulting the doctor. If they are stopped when they should not be, it can lead to reappearance of symptoms.

All patients suffering from mental illness need not be admitted in mental hospitals. In many cases, they can be kept at home and managed except when they become very restless, violent or begin to refuse food.

Those who tend to harm others or themselves, and who live alone with nobody to look after them may require hospitalisation.

In severe cases, apart from medicines, electric shocks (ECT) are given to the brain. Some patients require a course of ECTs which may be 5-6 in number.

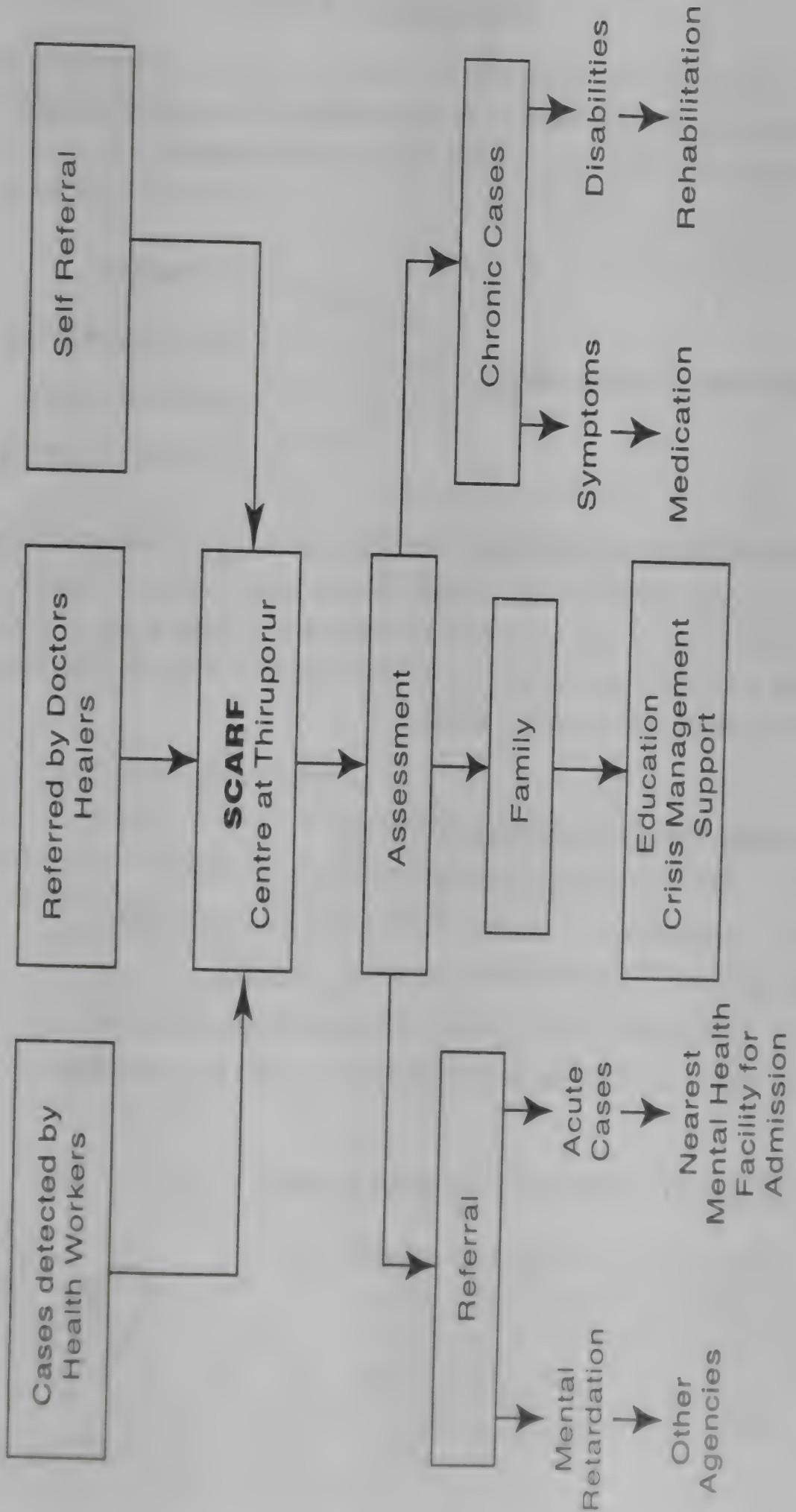
In villages, people suffering from mental illness are generally taken to religious healing centres as temples or dargha. Some minor mental illnesses as hysteria might improve after this treatment. But most others require the doctors' help.

**Psychosocial Treatment :** In some cases, a person's education, employment or marriage might get affected by the mental illness. In such cases, the doctor and other mental health professionals like psychiatric social workers and psychologists will pay special attention to these factors. Encouragement, guidance, advice all go a long way in helping the patient and the family.

**Training :** Medicines and tonics do not greatly help children with mental retardation. They can be trained from a young age in self-care and in performing simple tasks and vocations. By this, those with not very severe retardation can be helped to lead an independent life.



# WHAT HAPPENS AT SCARF - THIRUPORUR CENTRE ?



# REHABILITATION

Rehabilitation is a process by which the lost functions of a person are gradually restored or brought back. This would enable him to be an active member of his family and society



Rehabilitation is applicable not only for the physically handicapped, but forms an important aspect of the treatment for mental illness. While it is not possible to say that all the skills lost by the patient will be regained, all efforts will be made to reduce his disabilities and make him function better.

## AIMS OF REHABILITATION

1. Inappropriate behaviors can be corrected.
2. Attention and concentration can be improved.
3. Communication skills can be bettered.
4. Lost skills in the job situations may be regained.
5. Self confidence and self-esteem can be restored.

## REHABILITATION STRATEGIES

The mentally ill should be asked to perform simple tasks which serve to establish a routine in their lives and helps distract their minds from their symptoms.





In villages, simple unskilled jobs which do not require training can be allotted to them.



The co-operation of village leaders and headmen should be sought in this matter.

If the patient had been working before his onset of illness, all attempts should be made to speak to his employer, orient him of the condition and request him to take the patient back provided reasonable improvement has been attained.



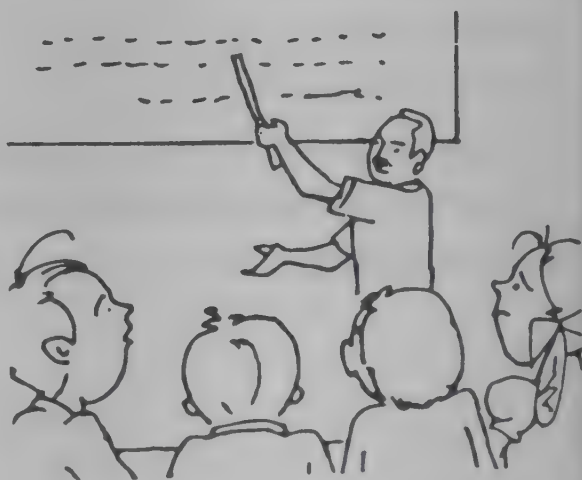
The same process should be adopted in the case of a new employer who must be explained about the illness, its fluctuations etc.

If the patient wants to be self-employed, he must be persuaded to work along with a normal person, since the mentally ill could make errors of judgement and can sometimes be exploited.



Those suffering from epilepsy should not be allowed to take up jobs which could be dangerous, such as working in heights, with electrical equipment etc.

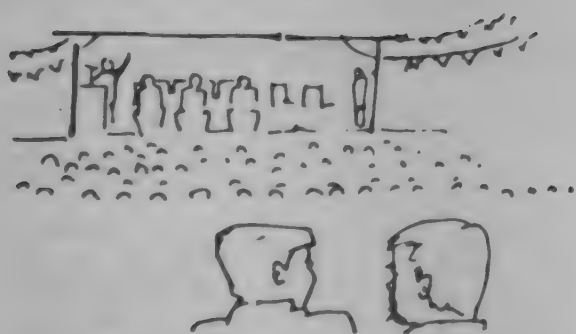
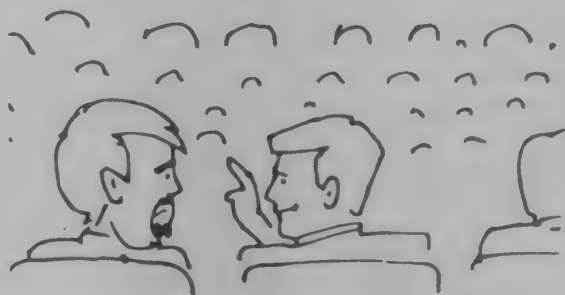
If special schools are available, the mentally retarded should be sent there. Since most rural areas do not have this facility, training can be done at home to look after themselves and perform simple tasks.



All efforts must be made to see that they are not lonely all the time and must be gradually introduced into company.

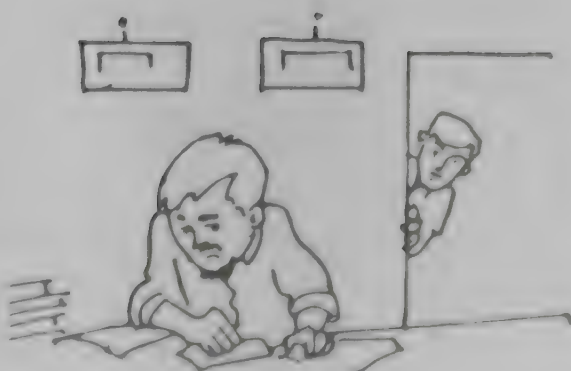


Fears and anxieties should be reduced by providing them with adequate explanations and infusing confidence. It may be necessary in some cases to point out that it is their imagination that is the problem.



They must be encouraged to participate in village events and village leaders must be asked to provide a lead.

A close and constant watch must be kept over those who express suicidal ideas. They must not be left alone or have access to a lot of tablets or sharp objects.



If the patient is working, regularity and punctuality must be encouraged. It is good to create confidence in them that their family members care for them and are ready to help.



Family members and neighbours should be urged to show understanding and sympathy. They should be firm, but not always critical and show that they have confidence in the patient.

Worries in life can be helped by talking to good friend and village elders who may be able to advise.



The family members should reveal their affection to the patient so that he feels accepted as one in the family.



They could be encouraged in helping out with simple household tasks.



Patients could be taken out for shopping which will help them to take simple decisions.

He should be encouraged to take more responsibilities in family matters.



## **DISABILITY CAUSED BY MENTAL ILLNESS**

Rehabilitation of a mentally ill patient begins with finding out the areas of functioning that are affected. This is done by assessing his disability. Disability means that the affected person is unable to perform his roles or behave in a manner expected of him even after treatment with medicines. This is because the illness has left behind some lasting problems in their minds and brain. Not all mentally ill persons suffer from disability and often, only some areas of functioning are affected. The levels of disability ranging from mild to severe, varies from person to person.

# **AREAS OF DISABILITY IN A PATIENT**

How do you identify the area of disability in a mentally ill patient ?

The functioning of the person is checked by questioning the family members actually living with the patient. The present functioning is checked by comparing the behavior before the illness started. The level of disability is assessed by asking if it is occasional (mild), quite often (moderate) or most of the time (severe). The areas include:

## **I. SELF CARE**

### **1. Hygiene**

Completing morning ablutions.

Shaving.

Combing hair, keeping finger nails clean.

Washing clothes.

Keeping clothes tidy.

### **2. Eating Habits**

Eating food at regular intervals.

Eating tidily.

Serving food for himself when he is hungry.

### **3. Surroundings**

Sweeping the house and keeping it clean.

Arranging furniture neatly.

## **II. COMMUNICATION**

1. Conversing with others.

2. Visiting houses of friends and relatives.

3. Able to express his ideas when speaking to others, completely and clearly.



4. Participating in social gatherings, family functions and festival celebrations.
5. Playing with friends, going out with friends.

### **III. HOUSEHOLD ACTIVITIES**

1. Taking part in household tasks.
2. Taking meals along with family members.
3. Taking part in discussions on family matters and helping in solving problems.
4. If a housewife, doing all expected household tasks.
5. And, if he is the head of the family, supervising and understanding the duties of a head.

### **IV. MARITAL ROLE**

1. Discussing day to day activities and problems with spouse.
2. Discussing personal problems with spouse.
3. Having an affectionate and mutually satisfying sexual relationship with spouse.

### **V. PARENTAL ROLE**

1. Attending to day-to-day needs of his children such as feeding the child, making him sleep, taking him to school.
2. Attending to the problems of the child.
3. Taking an interest in the overall development of the child and addressing matters related to the child's future.

### **VI. SOCIAL CONTACT**

1. Having contact with neighbours.
2. Being friendly with them.
3. Participating in social and community activities.

## **VII. OCCUPATIONAL ROLE**

1. Being regular and punctual to work.
2. Performing job satisfactorily and evincing interest in work.
3. Having good relations with colleagues at place of work.
4. If unemployed, showing an interest in finding a job.

## **VIII. BEHAVIOR IN EMERGENCIES**

### **Patient's reaction to :**

1. Sickness or accidents in a family member.
2. Sickness or accidents in others (neighbours, friends etc.).
3. Situations out of routine for the patient (asked to pass on messages etc.).

## **Rehabilitation of a person with Disability**

A family member living with the patient should be interviewed to find out which area of the patient's functioning is affected. The family members should be taught that all defects cannot be remedied immediately and that they should be patient and encouraging. The health worker can initially help the patient to overcome the problem and train the family to deal with the situation. The patient and the family must be regularly supervised to check the effect of the efforts. Depending on the activity affected, some of the strategies that can be adopted are as follows :

The patient should be persuaded to attend to his personal needs himself. In the beginning, the health worker can train the family to help him. Later, he should be encouraged to undertake the tasks by himself.



- He should be trained to look after his belongings.
- He should be taught how to keep his surroundings clean.
- If he is not able to do his daily duties, it may be that he has forgotten the tasks. He should be given small tasks in the beginning and coaxed to do them slowly. He may not be efficient in his performance to the same extent when he was well. The family should be very patient in training him to do the work.
- Completion of small tasks should be rewarded by giving him monetary incentives, small gifts, taking him to the cinema or on outings or by giving him something that he wants. This will increase his enthusiasm and interest.
- If the patient is an employee, he should be encouraged to show an interest in his work, to be punctual and regular and interact well with his colleagues. It must be remembered that he may not be able to function as well as he did before he became ill.
- If a parent, he should be persuaded to take an active interest in bringing up his children.
- He should be given opportunities to interact with friends and relatives and to participate in social gatherings.

## **ROLE OF FAMILY MEMBERS**

In India, almost all mentally ill patients live with their families. The families therefore play a major role in the care, treatment and rehabilitation of the mentally ill. Very often they are heavily burdened emotionally, physically and financially.

The health professional should therefore spend a lot of time with the family, explaining about the illness – its signs and symptoms, ways of handling crisis situations and day to day problems and provide them with the necessary emotional support

## **Educating the Family about mental illness**

Just as the treatment of the patient is essential, it is as important to educate the family members about the illness.

### **Aims of educating the family members**

1. Wrong ideas about the illness can be corrected and the family can be helped to understand the patient better.
2. They can be taught how to train the patient in areas of inadequate functioning.
3. Emergency situations like suicidal attempts and violent and aggressive behavior can occur at times. The family can be taught how to deal with such situations.
4. Persons looking after a mentally ill patient can become tired and exhausted. Educating them about the problems faced can help them cope with their problems better.

### **Education on mental illness should include**

- (a) Recognising the symptoms and signs of mental illness.
- (b) Causes of mental illness.
- (c) The need for supervision of regular medication and examination by the treating personnel.
- (d) Identifying and dealing with problems faced.
- (e) Dealing with emergency situations.

### **Some issues that should be addressed are as follows**

- ❖ Some symptoms of mental illness such as talking to self, harboring false beliefs without reason, behaving violently, not socialising with others, not looking after self etc. can distress the family. Education will help them understand and deal with the problems more effectively. Also wrong ideas and misconceptions can be corrected.

- ❖ Disturbing behavioral problems, refusal to work, not taking on responsibilities, fears and worries in the patient can concern the family. Informing them about the illness and the disability it causes, can help them accept the state of the patient.
- ❖ Providing them with information on resources for vocational training and job situations will enable them to be actively involved in the vocational rehabilitation of the patient.
- ❖ Critical situations like relapse of the illness, violence, suicidal attempts, refusal of medication by the patient should be dealt with immediately and intensively like increasing medication dosages, hospitalisation etc. The family should be taught to identify the crisis early and take immediate action.
- ❖ Families should be taught how to cope with the problem and help them to reduce the effects of prolonged stress on themselves.

## HOW SHOULD FAMILY MEMBERS BEHAVE TOWARDS THE PATIENT ?

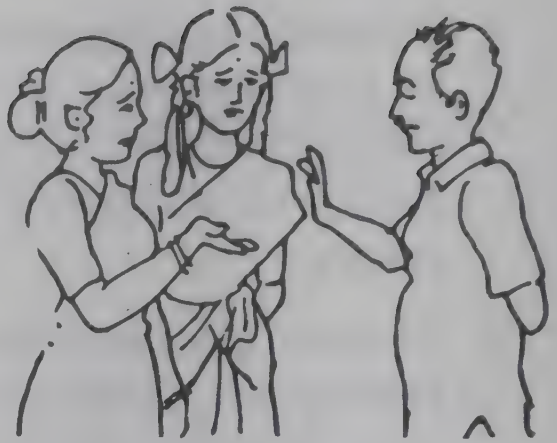
Medicines are to be given to the patient as prescribed by the doctor, at the right times. If he is taking medicines on his own, this should be regularly supervised.



The doctor should be periodically consulted at regular intervals for reviews.



Difficult and unmanageable behaviors can be dealt with by enlisting the help of neighbours, relatives or friends.



The family can coax the patient to undertake small tasks by working along with him and praising him, on completion.

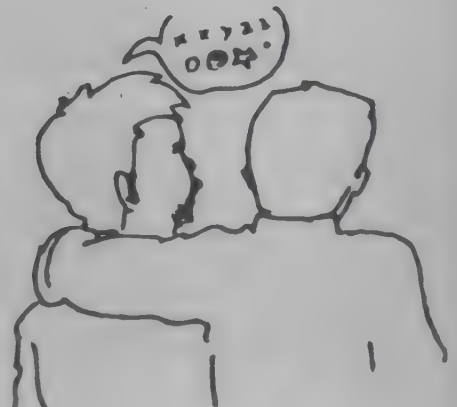
He should be made to feel a part of the family



Simple domestic responsibilities, can be given.

He should be discouraged from remaining idle or sleeping during the day, by engaging him to do small tasks.

He can be encouraged to participate in conversations, even if his talk is at times meaningless.



Discussions at home on subjects causing distress in the patient, such as accidents, politics, religion, etc. can be avoided.



The family can take him for daily walks.

While shopping, he can be helped to make decisions for making small purchases



They can help the patient identify and understand his problems and help him find solutions.



If the patient expresses suicidal intentions, they must make sure that he is not left alone at any time.

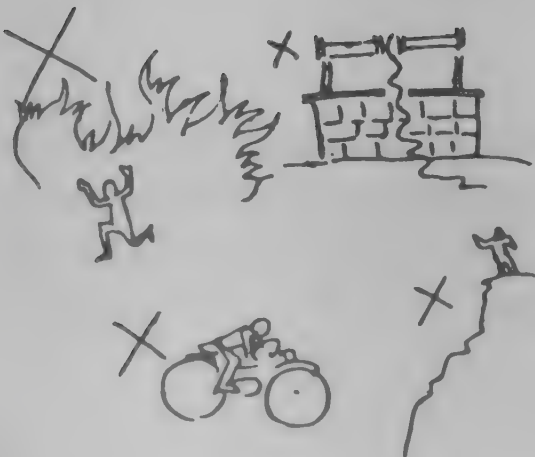
When the patient is having an epileptic fit, they must not crowd around him or restrain him physically.

Fresh air should be allowed around the patient, till the fit ceases.



A cloth gag should be used to prevent a tongue bite.

The face must be tilted to one side to prevent saliva from entering his wind pipe.



The family should not allow the epileptic patient to work in high places, near machines, fire or water or cycle long distances.



# COMMUNITY CARE

Sympathy, love, acceptance and community care play a significant role in the rehabilitation of the mentally ill patient. Community care means the active participation of the members of the patient's family, other relatives, neighbours, friends and the community as a whole, in the care and rehabilitation of the patient.

The mentally ill individual is completely different from a normal person. His behavior is distinct, his actions changing and unpredictable. The family should be understanding and learn to accept his actions. They should take care of him, for often he is in no position to look after himself. They should patiently encourage him in his day to day tasks. Love, tolerance and compassion by the family will help in promoting rehabilitation and recovery.

Rehabilitation includes not only the care of the family members but also care from the community. Other relatives, neighbours and friends can help by being understanding and sympathetic to the patient and his family. Because of the impact of the illness he can behave in a violent and aggressive behavior. He may try to harm others or attempt suicide. Neighbours can help the family by helping them take the patient to the doctor or keep him calm.

The mentally ill person cannot be expected to perform his tasks as efficiently as normal people. In such situations, his co-workers should help him in his work and give him rest if necessary during the day.

In the rural areas the village elders are respected by all. They can be taught about mental illness and the behavior of patients. They can advise other villagers to be compassionate and understanding to the patient. Usually, if the village elders accept the person, the other villagers will treat him well. The elders in the village can also help in the rehabilitation of the patient by recommending him for jobs.

Thus community care is essential for a mentally ill patient to get back to normal condition and be re-integrated into society.

# ROLE OF COMMUNITY HEALTH WORKERS

Mental health workers should identify the mentally ill patients in their area and refer them to the nearest service facility. Initially it may be necessary to even escort them.



They should observe them for any symptoms of relapse and make sure that medicines are taken regularly. The importance of this should be explained to the family.

If there are distressing side effects, the medicines could be stopped and medical advice sought immediately.



There are a lot of wrong ideas prevailing about mental illness in the minds of the people. These should be gradually removed and replaced with scientific information.

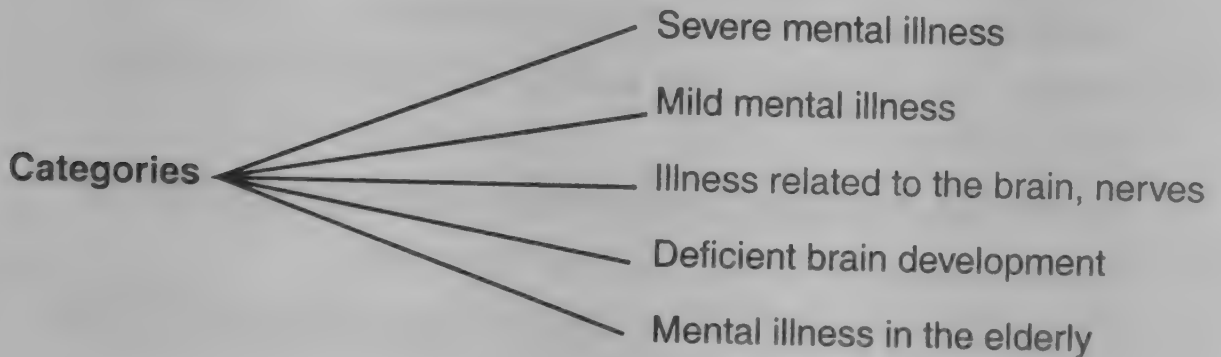
Once the patient improves, active measures should be taken for his rehabilitation.



# APPENDIX

## TYPES OF MENTAL ILLNESS

Mental Illness can be classified into the following categories:



### SEVERE MENTAL ILLNESS

Severe mental illness generally starts gradually. If diagnosed early and treated it can be cured. Therefore, it is essential to know the early symptoms as well as the changes that take place in chronic stages of the illness.

#### SYMPTOMS :

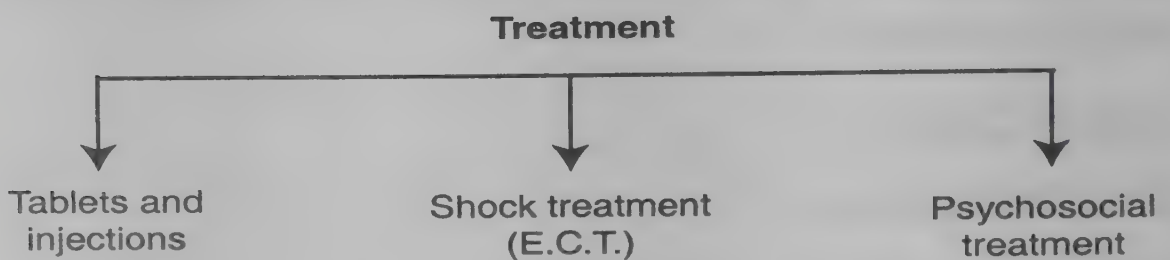
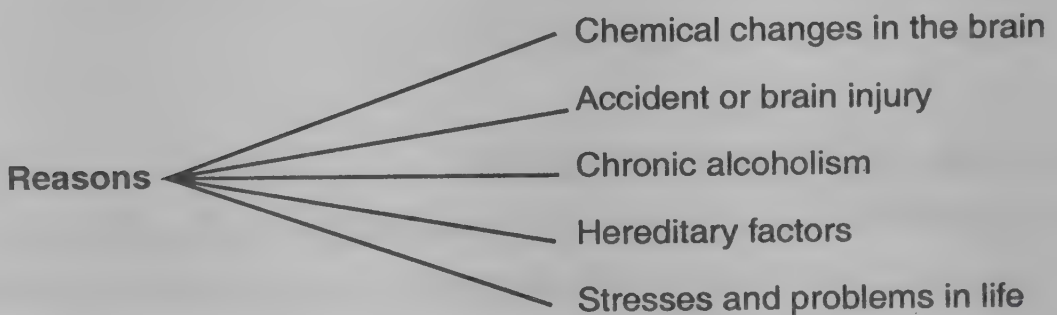
##### Early Symptoms

1. Fall in capacity to study or work.
2. Sleeplessness at night.
3. Decreased appetite.
4. Getting angry without reason.
5. Keeping aloof from others and preferring to remain alone.
6. Being fearful without reason.
7. Showing changes in behavior.



## Main symptoms after onset of illness

1. Behavior appears to be strange.
2. Always remaining listless, either sitting in one place or lying down in bed.
3. Being restless and anxious.
4. Wandering here and there, aimlessly.
5. Rebuking others, throwing stones.
6. Talking unnecessarily, incoherently and continuously.
7. Showing feelings in an improper manner.
8. Saying that somebody is talking to them, when there is no one around.
9. Saying that they are seeing things that others do not see.
10. Suspecting other are plotting to harm them.
11. Refusing to accept that they are suffering from any illness.



## MILD MENTAL ILLNESS

At times, we worry about some things. It may be financial difficulties, loss of personal belongings, death of close relatives or friends, clashes or differences of opinion among family members. These troubles affect us for short duration. But, for some, these problems continue to affect physical and mental health for long durations. Their day to day functions are affected. This condition is known as mild mental illness.

## **SYMPTOMS :**

1. No interest in anything, feeling dull.
2. Lack of appetite.
3. Sleeplessness.
4. Being worried without reason.
5. Remaining lonely.
6. Suffering from headaches, feeling that something is troubling in the head.
7. Thinking of ending one's life.
8. Having no self confidence.
9. Lack of interest/satisfaction in sexual functioning.

## **REASONS**

1. Death of close relative or friend.
2. Losing an essential or costly belonging.
3. Financial difficulty, poverty, unemployment.
4. Defeats, failures.
5. Fights and arguments.
6. Chronic physical illness.

## **TREATMENT**

1. Medicines.
2. Psychosocial treatment.

## **EPILEPSY**

### **(Illness Related To Brain, Nerves)**

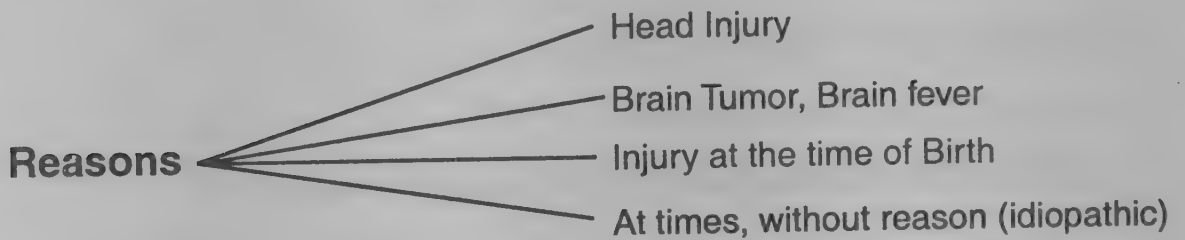
Patients suffering from this problem, fall unconscious suddenly, and have convulsions of the hands, feet and frothing in the mouth.

### **An epileptic attack :**

1. Can occur at any time/place, even during sleep.
2. Patient loses consciousness and is unaware of what is happening around him.

3. His face becomes pale, he is breathless, his mouth distorted and frothing.
4. When the fit stops, he falls into deep sleep or coma
5. On awakening, he is confused and at times, his actions are strange and suffers from headache.

All persons suffering from epilepsy will not have the same type of attack.

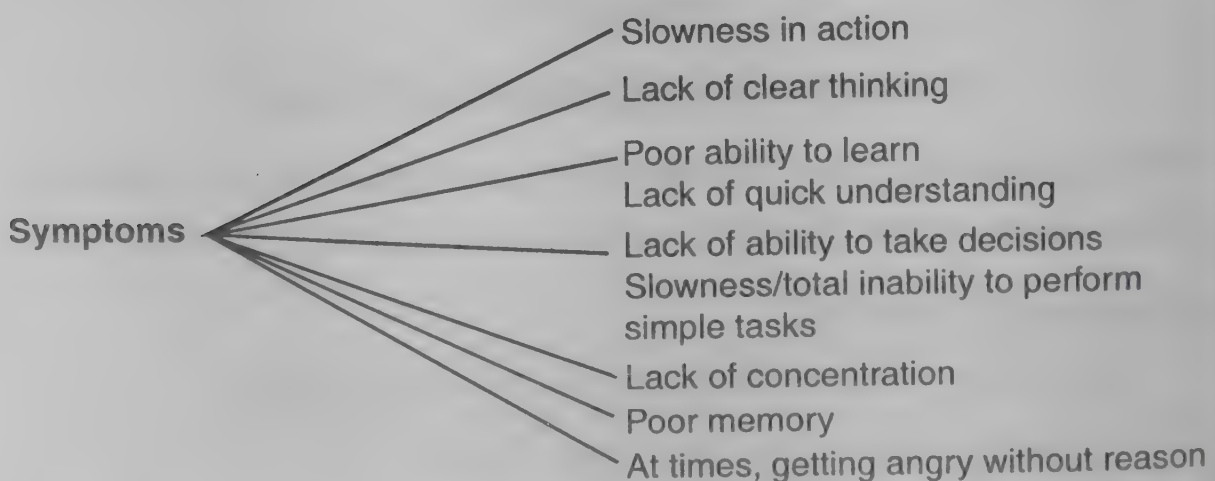


## TREATMENT

1. Regular Medicines for at least 3 to 5 years
2. Educating patient, family on the care that should be taken

## MENTAL RETARDATION

Mental retardation can be described as defective development of the mind and intelligence. There are three categories of mental retardation, namely, mild, moderate and severe, depending upon the level of intelligence.





## **REASONS**

### **Before Birth**

1. Marriage between close relatives
2. Inadequate nutritious meals for the pregnant mother
3. High fever/fits during pregnancy
4. Taking medicines without consulting the doctor, during pregnancy

### **During Birth**

1. Delayed labour, problems during child birth
2. Injury to the baby during birth
3. Child not breathing properly, immediately after birth

### **After Birth**

1. Lack of proper nutrition to the child for at least two years after birth.
2. Physical illnesses like Brain fever, Jaundice, Epilepsy in the child.

## **TREATMENT**

Mental Retardation cannot be cured or treated with medicines. The mentally retarded child can however be trained in simple day to day tasks, which will enable them to take care of themselves. A severely retarded child will have to be taken care of as he cannot learn to do even very simple tasks.

Behavioral problems, such as getting angry or having an epileptic fit will have to be treated using medicines.

The family members can be taught how to train the child.

## **MENTAL ILLNESS IN THE ELDERLY**

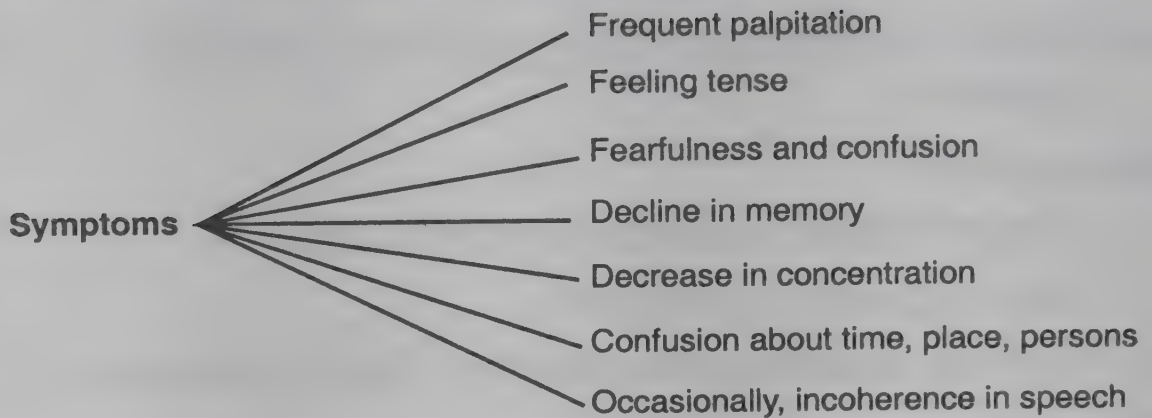
Usually, people in their old age suffer from various kinds of physical problems. Some of them can also develop mental disorders.

**Types of mental disorders in the elderly include :**

1. Anxiety Disorder
2. Depression

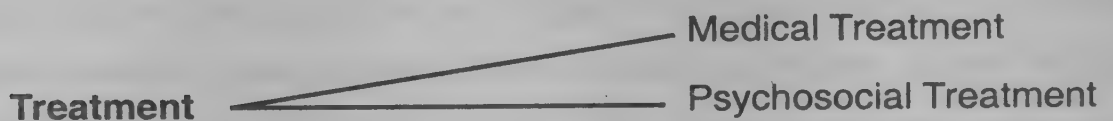
3. Delirium
4. Dementia
5. Paraphrenia

## ANXIETY DISORDER

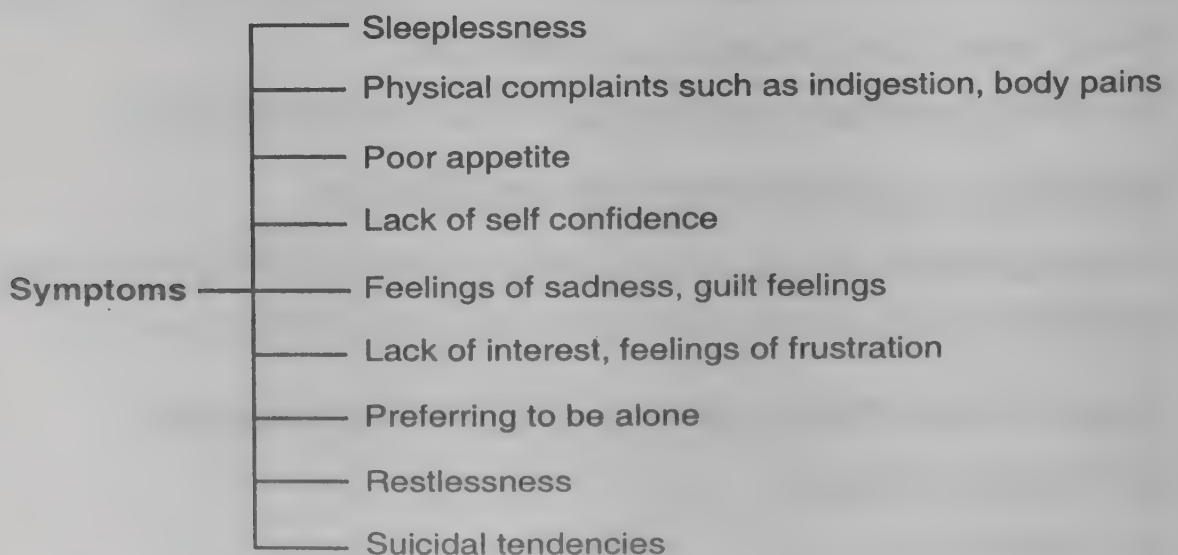


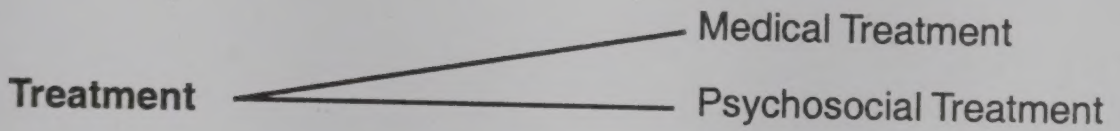
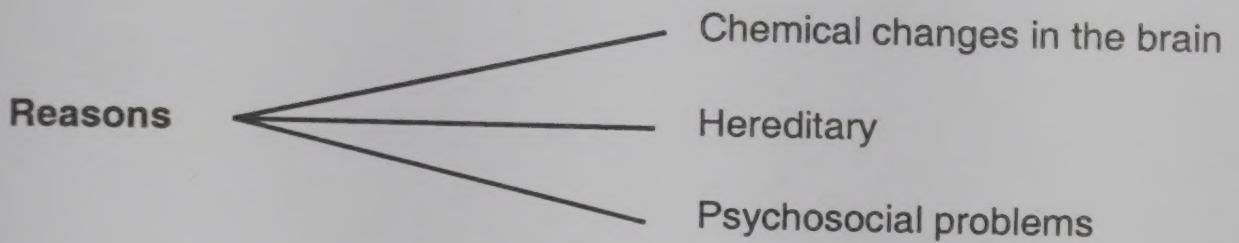
### Reasons

1. Chronic physical illnesses like Diabetes, Hypertension, Liver disease.
2. Psychological factors like death of spouse, separation from children etc.
3. Overdose of medicines.



## DEPRESSION





## DEMENTIA

